

Rep. Warren Davidson
OH-08



Return completed form(s) to the address listed below.

Butler County District Office:
8857 Cincinnati-Dayton Road, #102
West Chester, OH 45069

Fax: 513-779-5315

PRIVACY ACT RELEASE FORM
PLEASE PRINT CLEARLY

Mr./Mrs./Ms. Full Name: _____ Nick Name: _____

Mr./Mrs./Ms. Additional Name on Record (if any): _____

Address of Residence: _____

City State Zip County

Phone #: Home (____) _____ Work (____) _____ Other (____) _____

Email Address: _____

☐ Check here to receive e-mail updates from Congressman Warren Davidson.

To begin your inquiry, provide all pertinent information related to your case/claim:

Federal Agency Involved (i.e., IRS, CIS, VA, etc.): _____

Social Security Number: _____ Date of Birth: _____

** DO NOT complete for immigration issues

☐ Immigration Alien number (if any): _____ Country of Birth: _____

Immigration receipt/tracking number(s) (no Social Security numbers): _____

Petitioner's Name: _____

Applicant's Name: _____

Date of filing: _____ Place of filing: _____

Immigration Form Type(s) – check all that apply:

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360
☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690
☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)
☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: _____

☐ VA/Military ID#: _____ Veteran's Claim #: _____

☐ Military Branch, Rank & Unit: _____

☐ Other Numbers Identifying your claim: _____

[illegible]

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code):
Permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. Warren Davidson and the staff of the 8th Congressional District to make inquiries to the appropriate officials on your behalf, and the release of information to the Congressman or his staff. This permission is on-going until revoked in writing or the stated issue is resolved.

- 1) I provided or authorized all of the information in this privacy release and any document submitted with it;
- 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and
- 3) all of this information is complete, true, and correct.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

04/07/2020